

FILE COPY

THE STAMP OF THE U.S. PATENT OFFICE HEREON DENOTES RECEIPT ON
THE DATE STAMPED OF:

In re Application of : Hirsch, Alan R.
Serial No.: 09/211,507
Filing Date : 12/14/1998
For : Use of Odorants to Alter Vaginal Blood Flow
Examiner : C. Tatt
Group Art Unit : 1651
Atty. Docket No. : INS-31061

RESPONSE TO RESTRICTION REQUIREMENT

Enclosures: Response to Restriction Requirement, Transmittal,
and return post card

DATE MAILED: October 17, 2001

FIRST CLASS MAIL

KWS

Docket by b3 co 126/2001
CCG by b3 Post Reg off 10/18/01
318/02 wl

ATTY INITIALS _____

Received from <414 224 5834> at 12/17/01 3:47:40 PM [Eastern Standard Time]

100-1
10
OFFICIAL**FAX RECEIVED**

DEC 18 2001

**F A X G R O U P 1 6 0 0
C O V E R S H E E T****WHYTE
HIRSCHBOECK
DUDEK S.C.**

December 17, 2001

www.whdlaw.com**TO:**

Examiner Christopher R. Tate USPTO 703-872-9306

FROM:

Jere L. Houk (963) 5 (including cover page) 15040-12

Original(s) will not be sent**Message:**

USSN 09/211,507

The attached document was originally mailed to the USPTO on October 17, 2001.

THE INFORMATION IN THIS DOCUMENT (AND ANY ATTACHMENTS) IS CONFIDENTIAL AND MAY BE PROTECTED BY THE ATTORNEY'S WORK PRODUCT DOCTRINE OR THE ATTORNEY/CLIENT PRIVILEGE. IT IS INTENDED SOLELY FOR THE ADDRESSEE(S); ACCESS TO OR REVIEW BY ANYONE ELSE IS UNAUTHORIZED. If this document has been sent to you in error, do not review, disseminate, distribute or copy it. Please contact Jere L. Houk at (414) 273-2100 so that we can make arrangements to retrieve it at no cost to you.
Thank you for your cooperation.

111 EAST WISCONSIN AVENUE SUITE 2100 MILWAUKEE WI 53202-4894 TELEPHONE: (414) 273-2100 FAX: (414) 223-5000
OFFICES IN MILWAUKEE, WI · MADISON, WI · MENOMONEE FALLS, WI · MANITOWOC, WI

Please type a plus sign (+) inside this box →

Approved for use through 09/30/2000, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/211,507
Filing Date	December 14, 1998
First-Named Inventor	Alan R. Hirsch
Group Art Unit	1651
Examiner Name	Tate, C.

Total Number of Pages in This Submission

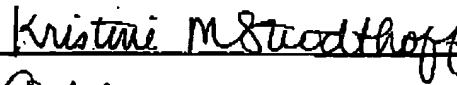
3

Attorney Docket Number INS-31061

ENCLOSURES (check all that apply)

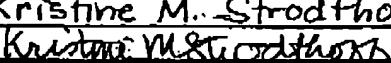
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response (2 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks: Extension of Term. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. If any additional extension and/or fee is required, charge Account No. 23-2053.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Whyte Hirschboeck Dudek Kristine M. Strothoff
Signature	
Date	October 17, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Kristine M. Strothoff
Signature	
Date	October 17, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.